

Station No. \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_ am pm Interviewer Initials \_\_\_\_\_ Sheet \_\_\_\_\_ of \_\_\_\_\_

"From" Study Area \_\_\_\_\_ "To" Study Area \_\_\_\_\_

<b>Vehicle Type:</b> Pass. Vehicle Light Truck Motorcycle			<b>Trip Start or End at Home ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Vehicle Occupancy:</b>		<b>Trip Purpose:</b> Home to or from Work      Shopping      Social or Rec.      Other			<b>Commodity Hauled</b>	
ORIGIN						DESTINATION					
Street Address _____						Street Address _____					
City _____ State _____ Zip _____						City _____ State _____ Zip _____					
Cross-Street _____						Cross-Street _____					
Major Landmark _____						Major Landmark _____					
If Origin not in Study Area, entering route _____						If Destination not in Study Area, exiting route _____					

  

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If Origin not in Study Area, entering route _____						If Destination not in Study Area, exiting route _____					

6	OHIO DEPARTMENT OF TRANSPORTATION		CA	
7	<b>DEAR MOTORIST:</b> The Ohio Department of Transportation is collecting information on travel patterns to plan for needed improvements in the transportation system. Your cooperation will help the State of Ohio better serve your travel needs. Please complete this postage-paid form and mail it back today, even if you have received more than one card.			
8	A. How many people, including yourself, were in the vehicle when you received this card? (circle one)      1   2   3   4   5   5+			
9	B. Please identify the type of vehicle you were driving (circle one) Car/Cycle      Pickup      Truck      Other Van/4x4			
10	C. If a truck , what commodity was being hauled? _____			
11	D. Did this trip start at home? (circle one) Yes      No			
12	E. What was the purpose of this trip when given this card?(circle one) Home to Work      School      Shopping      Social or Work to Home      Recreational      Other			
1	F. Where did you begin this trip (in this direction) today? Please be as specific as possible. Address _____ Number      Street _____ Nearest Cross Street _____ City, Village, Town      State      Zip Code			
2	If the address is not known, can you name an important building or place where this trip began? (hospital, school, shopping center, public building, etc.) _____			
3	G. If this trip did not begin in Franklin or Licking County, what route was taken to enter the area? _____			
4	H. Where did you end this trip today? Please be as specific as possible. Address _____ Number      Street _____ Nearest Cross Street _____ City, Village, Town      State      Zip Code			
5	If the address is not known, can you name an important building or place where this trip ended? (hospital, school, shopping center, public building, etc.) _____			
6	Please fill out and mail this card as soon as possible. Thank you for your help. information: (614) 466-7170			

Exhibit A